

JUN 06'02 09:5

PTO/SB/122 (10-01)

Under the Paperwork Reduction Act of 1995, no persons are required to	Approved Patent and Trademark reapond to a collection of Information	for use through 10/31/2002. OMB 0651-0035 Office: U.S. DEPARTMENT OF COMMERCE unless it displays a valid OMB control number.		
CHANGE OF CORRESPONDENCE ADDRESS Application	Application Number	09/259,991		
	Filing Date	3-1-1999		
	First Named Inventor	Mahne		
	Art Unit	2132		
Address to: Assistant Commissioner for Patents	Examiner Name	Smithers		
Washington, D.C. 20231	Attorney Docket Number	M000-P02003US		

	· · · · · · · · · · · · · · · · · · ·					,	
Please change the Correto: Customer Nu	espondence Address for the abov imber Type Customer Number here		ed ap	plication	Nun	ee Customer nber Bar Code el here	
Firm or SoCal IP Law Group							
Address	310 N. Westlake Bivd., Suite 120						
Address							
City	Westlake Village	State	State CA		ZIP	91362	
Country	USA						
Telephone	805/230-1350		Fax 805/435-		3650		
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the : Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number							
Typed or Printed Name Steven C. Sereboff							
Signature De De							
Date 6-4-2002							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Total of forms are submitted.							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patente, Washington, DC 20231.

PTO/SB/97 (12-87)
Approved for use through 9/30/00. CMB 0851-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless 8 contains a valid OMB control number.

Attorney docket no.: M000-P02002US

Certificate of Transmission under 37 CFR 1.8

Name (office):

(2132)

PTO facsimile number: 703/746-7239

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office

06-Jun-2002

Steven C. Sereboff

Typed or printed name of person signing Certificate

Signature

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Enclosures:

Change of Address, 1 page

TOTAL including this cover sheet: 2 pages

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patenta, Washington, DC 20231.